

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Das for Congress

ADDRESS (number and street)

71 Jackson Street

Check if different than previously reported. (ACC)

Lowell

MA

01852

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00657445

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MA

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2018

through

M M /

D D /

Y Y Y Y 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Smith, Sean, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Smith, Sean, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Das for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	272776.43
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	272776.43
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	23008.44	266042.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.17
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23008.44	266042.34
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	67160.04	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	117549.12	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Das for Congress

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2018"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2018"/> (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="0.00"/>	<input type="text" value="241191.00"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="0.00"/>	<input type="text" value="31585.43"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="0.00"/>	<input type="text" value="272776.43"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
0.00	272776.43	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	325134.39	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	325134.39	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.17	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
0.00	597910.99	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 15

Write or Type Committee Name

Das for Congress

Report Covering the Period: From:   /   /   To:   /   /

**II. DISBURSEMENTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="23008.44"/>	<input type="text" value="266042.51"/>	<input type="text" value="16708.44"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="240500.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="240500.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 15

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00
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0.00
------

0.00
------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00
------

0.00
------

0.00
------

21. OTHER DISBURSEMENTS

0.00
------

7500.00
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0.00
------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

23008.44
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514042.51
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16708.44
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

0.00
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272776.43
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0.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

23008.44
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266042.34
-----------

16708.44
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

90168.48
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24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

0.00
------

25. SUBTOTAL (add Line 23 and Line 24).....

90168.48
----------

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

23008.44
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27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

67160.04
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Das for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anzalone Liszt Grove Research Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2018
Mailing Address 260 Commerce Street		FEC Identification Number C C00657445
City Montgomery	State AL	Zip Code 36104-2546
Purpose of Disbursement polling payment		Amount of Each Disbursement this Period 5100.00
Candidate Name <b>Das for Congress</b>		Transaction ID : SB17.5599
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MA District: 03	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. The Stonehedge Hotel &amp; Spa</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018
Mailing Address 160 Pawtucket Blvd		FEC Identification Number C C00657445
City Tyngsboro	State MA	Zip Code 01879
Purpose of Disbursement accomodation expense - repayment		Amount of Each Disbursement this Period 6300.00
Candidate Name <b>Das for Congress</b>		Transaction ID : SB17.5602
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MA District: 03	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. The Stonehedge Hotel &amp; Spa</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2018
Mailing Address 160 Pawtucket Blvd		FEC Identification Number C C00657445
City Tyngsboro	State MA	Zip Code 01879
Purpose of Disbursement accomodation expenses - repayment		Amount of Each Disbursement this Period 7408.44
Candidate Name <b>Das for Congress</b>		Transaction ID : SB17.5601
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MA District: 03	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18808.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Das for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Stonehedge Hotel &amp; Spa</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2018		
Mailing Address 160 Pawtucket Blvd					
City Tyngsboro	State MA	Zip Code 01879	FEC Identification Number C		
Purpose of Disbursement accomodation expenses - repayment			Amount of Each Disbursement this Period 2100.00		
Candidate Name			Transaction ID : SB17.5603		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. The Stonehedge Hotel &amp; Spa</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2018		
Mailing Address 160 Pawtucket Blvd					
City Tyngsboro	State MA	Zip Code 01879	FEC Identification Number C C00657445		
Purpose of Disbursement accomodation expenses - repayment			Amount of Each Disbursement this Period 2100.00		
Candidate Name <b>Das for Congress</b>			Transaction ID : SB17.5600		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: MA District: 03					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name			Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	23008.44

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Das for Congress** Transaction ID : **SC/10.4640**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Das, Beej, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 71 Jackson Street Ste 207			
City Lowell	State MA	ZIP Code 01852	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 54000.00	Cumulative Payment To Date 22500.00	Balance Outstanding at Close of This Period 31500.00
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<b>TERMS</b>	Date Incurred M 12 / D 30 / Y 2017	Date Due M / D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	31500.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Das for Congress** Transaction ID : **SC/10.4685**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Das, Beej, , ,			<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 71 Jackson Street Ste 207				
City Lowell	State MA	ZIP Code 01852	<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 7574.04	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7574.04
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<b>TERMS</b>	Date Incurred M 12 / D 31 / Y 2017	Date Due M / D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	7574.04
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Das for Congress** Transaction ID : **SC/10.5193**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Das, Beej, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 71 Jackson Street Ste 207			
City Lowell	State MA	ZIP Code 01852	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4170.91	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4170.91
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<b>TERMS</b>	Date Incurred M 03 / D 31 / Y 2018	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	4170.91
<b>TOTALS</b> This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Das for Congress** Transaction ID : **SC/10.5487**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Das, Beej, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 71 Jackson Street Ste 207			
City Lowell	State MA	ZIP Code 01852	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 41389.44	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 41389.44
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<b>TERMS</b>	Date Incurred M 06 / D 22 / Y 2018	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	41389.44
<b>TOTALS</b> This Period (last page in this line only).....▶	84634.39

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Das for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Anzalone Liszt Grove Research Inc</b>			Nature of Debt (Purpose): accounts payable
Mailing Address 260 Commerce Street			
City Montgomery	State AL	Zip Code 36104-2546	

Outstanding Balance Beginning This Period 30700.00	Transaction ID : <b>SD10.5371</b>	
Amount Incurred This Period 0.00	Payment This Period 5100.00	Outstanding Balance at Close of This Period 25600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LA Harris &amp; Associates</b>			Nature of Debt (Purpose): accounts payable
Mailing Address 100 Bleu Brook Dr			
City Harrodsburg	State KY	Zip Code 40330-2239	

Outstanding Balance Beginning This Period 1214.73	Transaction ID : <b>SD10.5375</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1214.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LA Harris &amp; Associates</b>			Nature of Debt (Purpose): accounts payable
Mailing Address 100 Bleu Brook Dr			
City Harrodsburg	State KY	Zip Code 40330-2239	

Outstanding Balance Beginning This Period 4000.00	Transaction ID : <b>SD10.5376</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	30814.73
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Das for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Stonehedge Hotel &amp; Spa</b>			Nature of Debt (Purpose): accounts payable - hotel
Mailing Address 160 Pawtucket Blvd			
City Tyngsboro	State MA	Zip Code 01879	

Outstanding Balance Beginning This Period 2100.00	Transaction ID : <b>SD10.5377</b>	
Amount Incurred This Period 0.00	Payment This Period 2100.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Stonehedge Hotel &amp; Spa</b>			Nature of Debt (Purpose): hotel rooms - accounts payable
Mailing Address 160 Pawtucket Blvd			
City Tyngsboro	State MA	Zip Code 01879	

Outstanding Balance Beginning This Period 7408.44	Transaction ID : <b>SD10.5378</b>	
Amount Incurred This Period 0.00	Payment This Period 7408.44	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Stonehedge Hotel &amp; Spa</b>			Nature of Debt (Purpose): operations center - tyngsboro
Mailing Address 160 Pawtucket Blvd			
City Tyngsboro	State MA	Zip Code 01879	

Outstanding Balance Beginning This Period 6300.00	Transaction ID : <b>SD10.5381</b>	
Amount Incurred This Period 0.00	Payment This Period 6300.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Das for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Stonehedge Hotel &amp; Spa</b>			Nature of Debt (Purpose): operations center - tyngsboro
Mailing Address 160 Pawtucket Blvd			
City Tyngsboro	State MA	Zip Code 01879	

Outstanding Balance Beginning This Period 2100.00	Transaction ID : <b>SD10.5382</b>	
Amount Incurred This Period 0.00	Payment This Period 2100.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Stonehedge Hotel &amp; Spa</b>			Nature of Debt (Purpose): operations center - tyngsboro
Mailing Address 160 Pawtucket Blvd			
City Tyngsboro	State MA	Zip Code 01879	

Outstanding Balance Beginning This Period 2100.00	Transaction ID : <b>SD10.5383</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period	Transaction ID :	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	2100.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	32914.73
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	84634.39
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	117549.12